Operose Health Group

16/11/2023

Operose Health Group: Who we are

Our mission is to provide trusted, high quality and sustainable healthcare for all, improving the health and well-being of the patients and communities we serve.

We do this by:

- Delivering **primary care** through an in-house **at scale digitally-enabled, data-driven** model that is sustainable in the face of national challenges.

- Our primary care expertise is powered by innovations, research and our models of care **designed and tested by our GPs and clinicians**.

- Using **data and actionable insights** we enable practices to manage demand more efficiently, reducing avoidable admissions to A&E. In turn supporting greater **resilience** for heath and care systems.
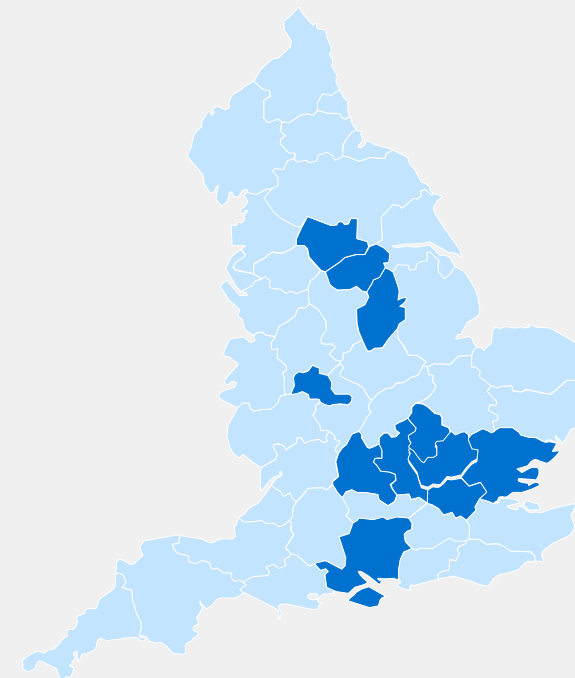
>655,000	c300k	15	65	28	7	>2m
registered patients	digital first patients	ICBs	Primary care sites	postgraduate medical training sites	GP hubs and SWL IUC	patient consultations p.a.
>1,500	>400	>95%	97%	>20		Strong tech and L&D capabilities
employees	clinical staff	average QOF	CQC good / outstanding	years of experience		

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Opererose Health Group: Operating model
Streamlining through scale

Centralised spine

Governance

Analytics and insights

HR, recruitment and training

IT, tech, digital and Research

Communications and marketing

Finance , Estates

Localised delivery

Patient-centred health and care

Long-term condition management and prevention

Community engagement and social value

Developing and investing in multi-disciplinary workforce

Local priorities and tackling health equalities

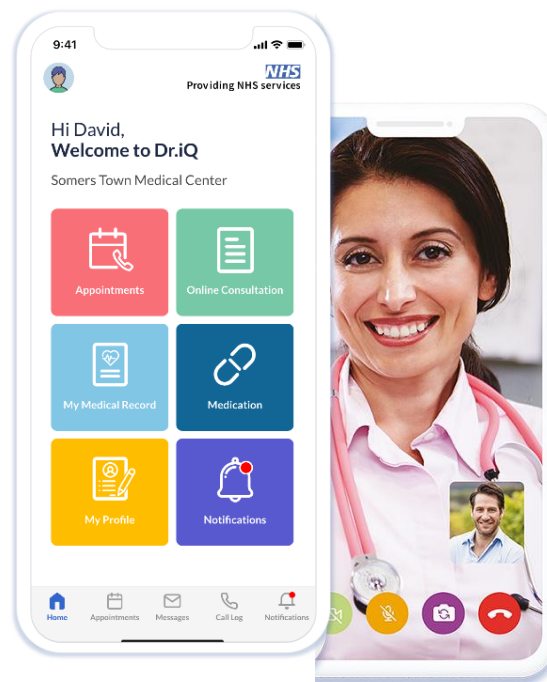Patient experience

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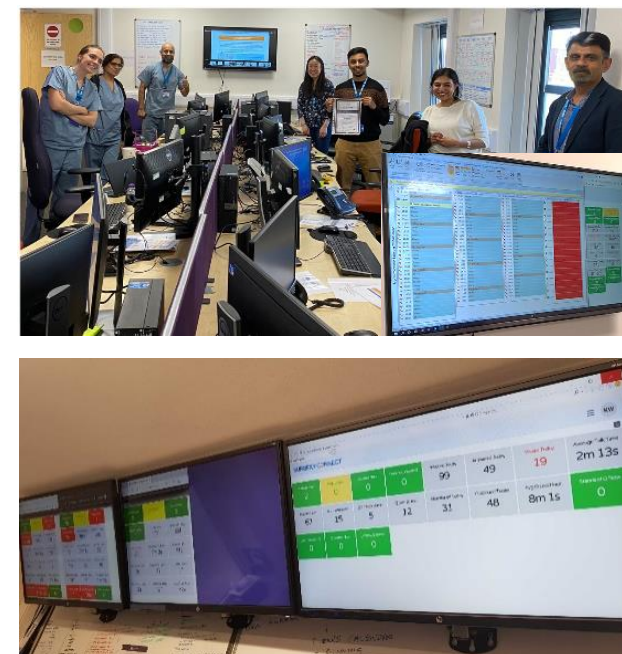# Care transformation through digital user and patient-centred design

Data driven improvements through award winning analytics

Digital-first primary care

Optimised MDT + digital hubs, centralising key activities

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Key Features of Dr. iQ
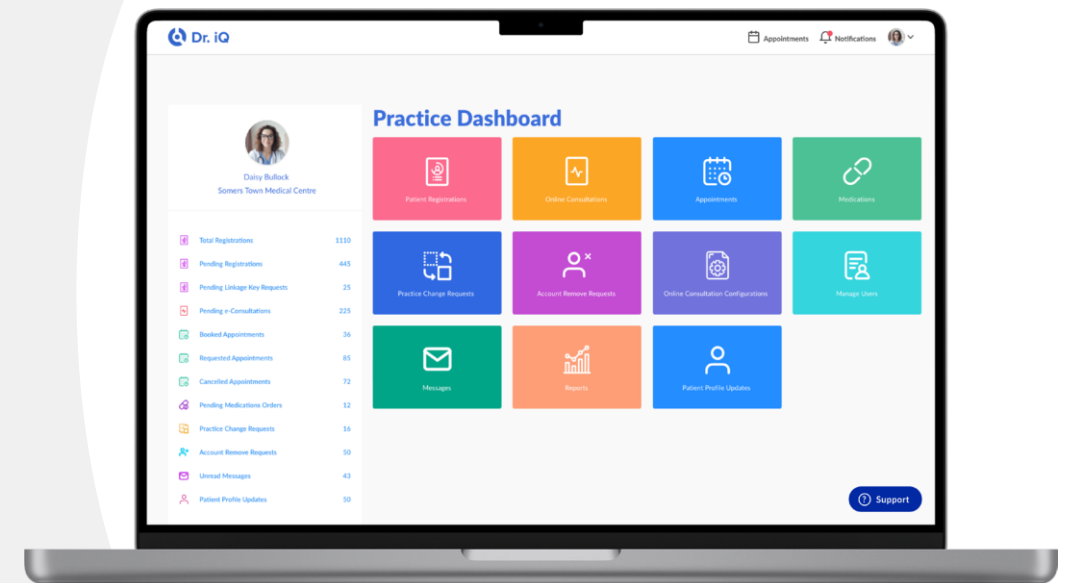
Dr. iQ

Patient app

- Video, audio, E-consultations and repeat prescription ordering
- Messaging supporting photo and document upload
- Medicines and appointment reminders
- Access to high quality self-care tools
- 14 OC patient pathways to enhance triaging

Provider Dashboard

- Supporting multi-disciplinary working
- Real time analytics for reporting & demand management
- Compatible with all major GP electronic medical records

Provider dashboard - triage online consultations

Dr. iQ is part of Operose Health Group

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Dr. iQ

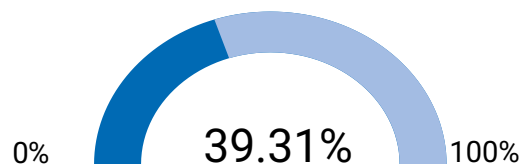## Improving patient access and practice efficiency

1.86 million online consultations (OCs) to date
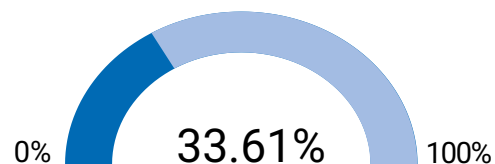
>42% of all OCs responded to in under 60 mins

>62% of all OCs responded to in under two hours

>81% of all OCs responded to in under four hours
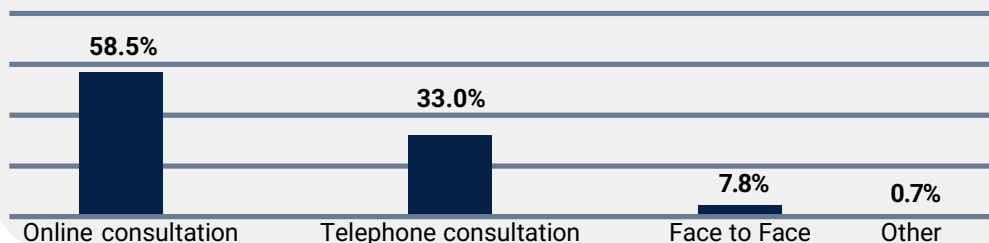
% of face-face appointments prevented	% of A&E/UCC attendances prevented

0%   **39.31%**   100%

0%   **33.61%**   100%

By triaging general advice and administrative queries
>60% of queries can be addressed by non-clinical roles.
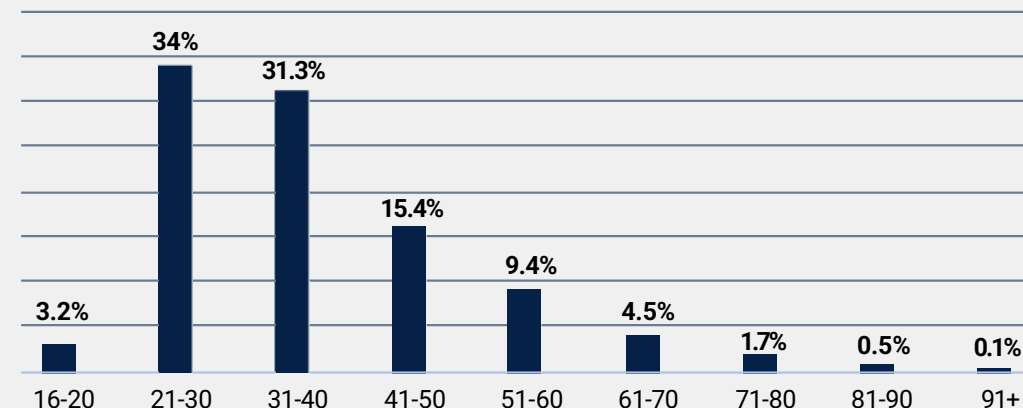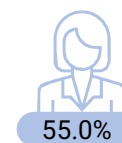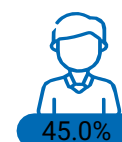Over 90% of OCs resolved without face-to-face

- Online consultation: 58.5%
- Telephone consultation: 33.0%
- Face to Face: 7.8%
- Other: 0.7%

★★★★★ 12.1K Ratings   GET IT ON Google Play   Available on the App Store

London - wide-adoption across ages

- 16-20: 3.2%
- 21-30: 34%
- 31-40: 31.3%
- 41-50: 15.4%
- 51-60: 9.4%
- 61-70: 4.5%
- 71-80: 1.7%
- 81-90: 0.5%
- 91+: 0.1%
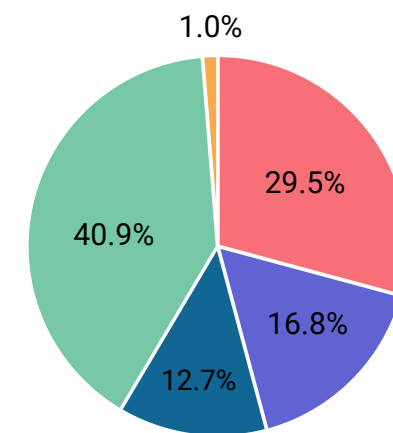
Dr. iQ Users - gender & ethnicity

45.0%

55.0%

- Asian or Asian British
- Black, Black British, Caribbean or African
- Mixed or multiple ethnic groups
- White
- Other ethnic group

Pie chart:
- 29.5%
- 16.8%
- 12.7%
- 40.9%
- 1.0%

Dr. iQ is part of Operose Health Group

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EZ Analytics: Data driven insights and improvements
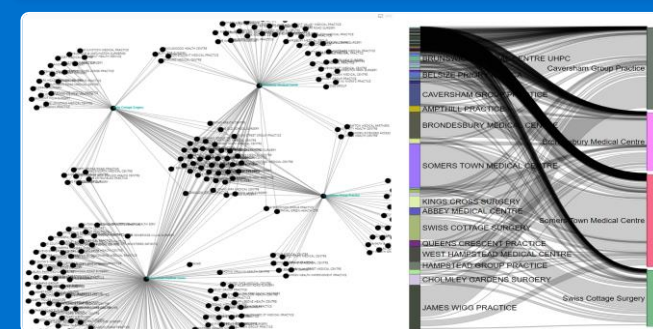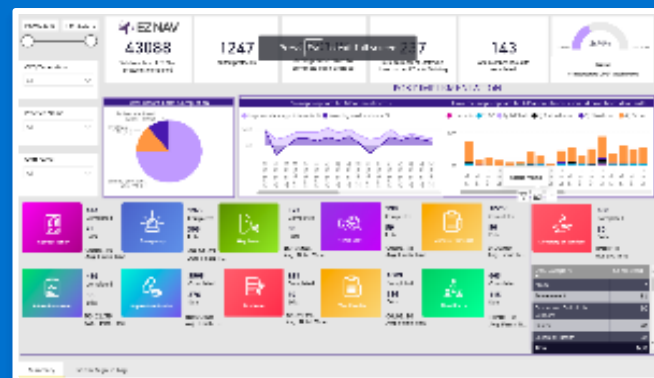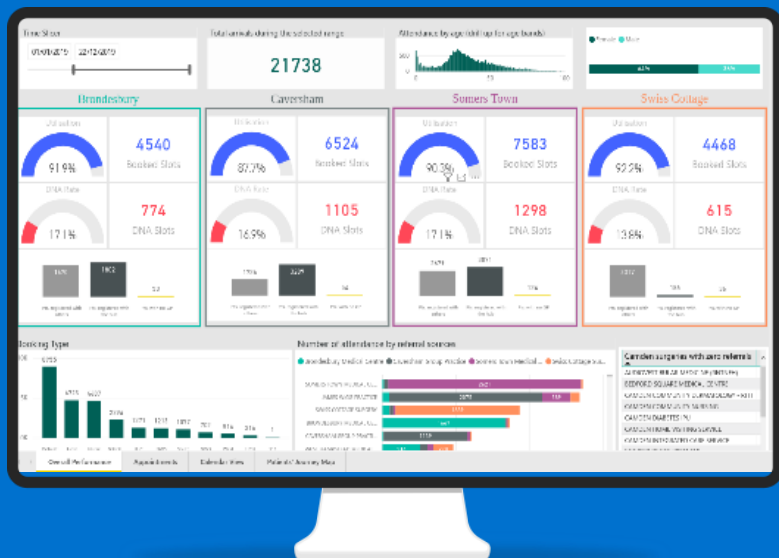
Capturing data to drive improvements

- Influenza
- Diabetes
- Renal

- COVID
- Cancer
- Public health

- Mental health
- Cardiovascular disease
- Childhood vaccinations

- Health inequalities
- Medicines optimisation
- Secondary care activities

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Operose Health – Gateway to Research in Primary Care

Research Service Offering

Real World Data

Provide access to our data to support and facilitate research and participate in national programmes to unlock additional opportunities.

Patient Recruitment & Engagement

Support clinical trials by recruiting and engaging patients across our network. This will involve searching our clinical systems and sending messages directly. May involve support from central pharmacist team to assist in eligibility checks and screening.

Outsourced Service Provider/Collaborator

Provide delivery of clinical research within our practices, such as feasibility studies and quality improvement programmes. This could involve activities such as taking samples/using a specific technology and search template to capture data for a third party. This could be provided at individual sites or across network.

Site Management Organisation

End-to-end delivery of trial/research within a primary care setting. Operate distributed network or establish multiple sites across network supported by research infrastructure.

Examples

- IQVIA
- CPRD
- CorEvitas

- NIHR Clinical Research Networks
- uMed e.g. TITANIA
- Lindus e.g. DIGEST, FLORA
- Panthera e.g. Migraines
- RSV HARMONIE study
- Genes and Health
- Our Future Health
- EMIS Research

- RAPTOR COVID and Influenza point of care test study
- PIAMS Influenza point of care test study
- Treat2Target: Gout
- Mendelian Rare Diseases Identification
- Engaging Local Communities in Research

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Projects by disease area – 2022

Disease Area	Count
Cardiovascular Disease	10
Infectious Diseases	10
Respiratory Disease (COVID and Influenza)	8
Diabetes and Endocrinology	5
Mental Health	5
Paediatrics and Child Health	3
Neurology	2
Cancer	2
Social care	2
Pregnancy/Post natal	2
Urology	2
Musculoskeletal	1
Learning Disability	1
Sexual Health	1
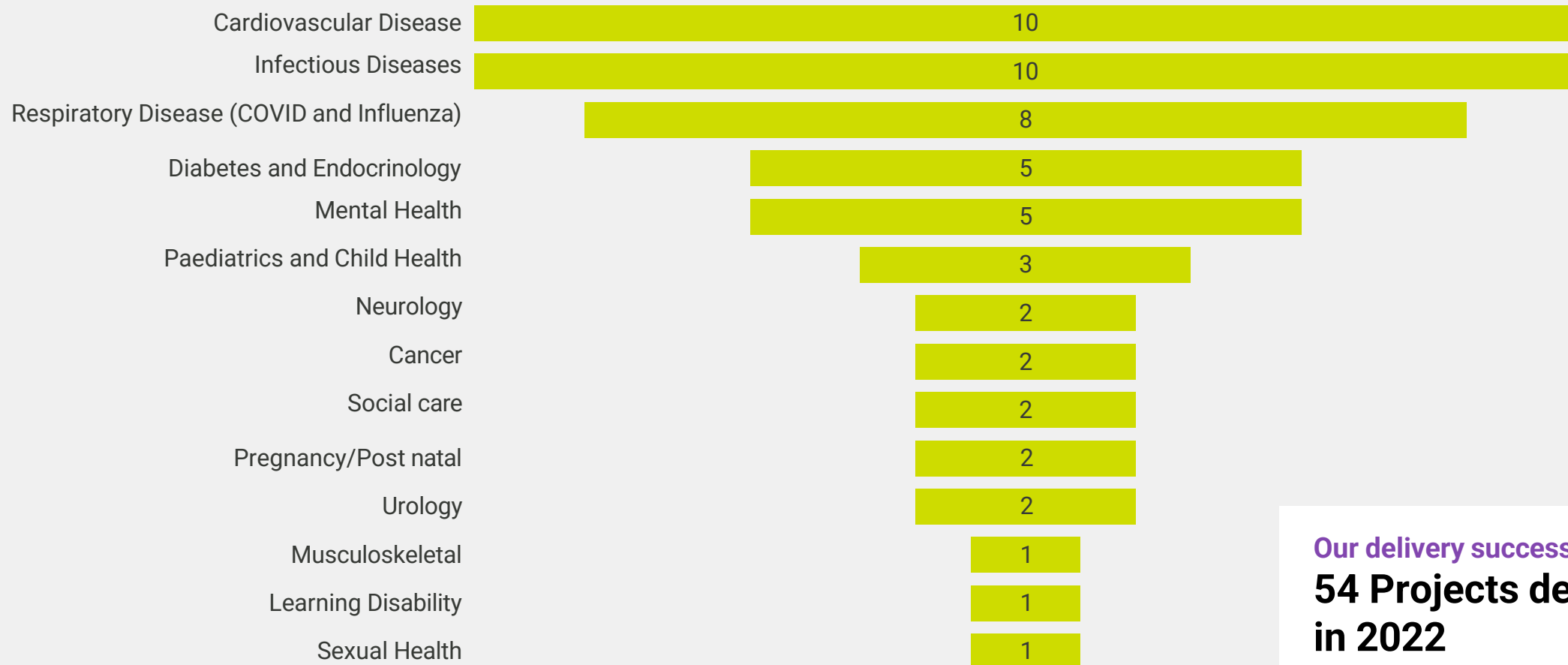
Our delivery success:
54 Projects delivered in 2022

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Research partnerships with industry

Higher education and NHS partners

Operose Health – Case Studies

1) Improving Clinical Outcomes in LTC
2) Tackling Health Inequalities
3) Driving Safety
4) Supporting partnership through a merger

Case Study 1: Digital approach to Quality improvement Programmes in Diabetes

BMJ

'Outstanding' Rating – Innovate UK

## Quality improvement is at the heart of our ethos.

We have and continue to deliver several programmes that have transformed care quality and outcomes for patients, including our; Diabetes Improvement Programme (DIP) which has resulted in what we believe to be the best outcomes for type 2 diabetics in the history of the NHS.

We have shared our DIP initiative with GP surgeries nationally leading to the achievement of similar results, and awards for this work.

We did this by:

- Organisation-wide goal setting
- Data-driven approach
- Engagement with clinical and administrative teams
- Educational programme for clinical pharmacists
- Web based Quality Improvement learning at-scale

Achievement of Type 2 Diabetes- Eight Care Processes (by year)

Intervention target

Mean achievement in English practices
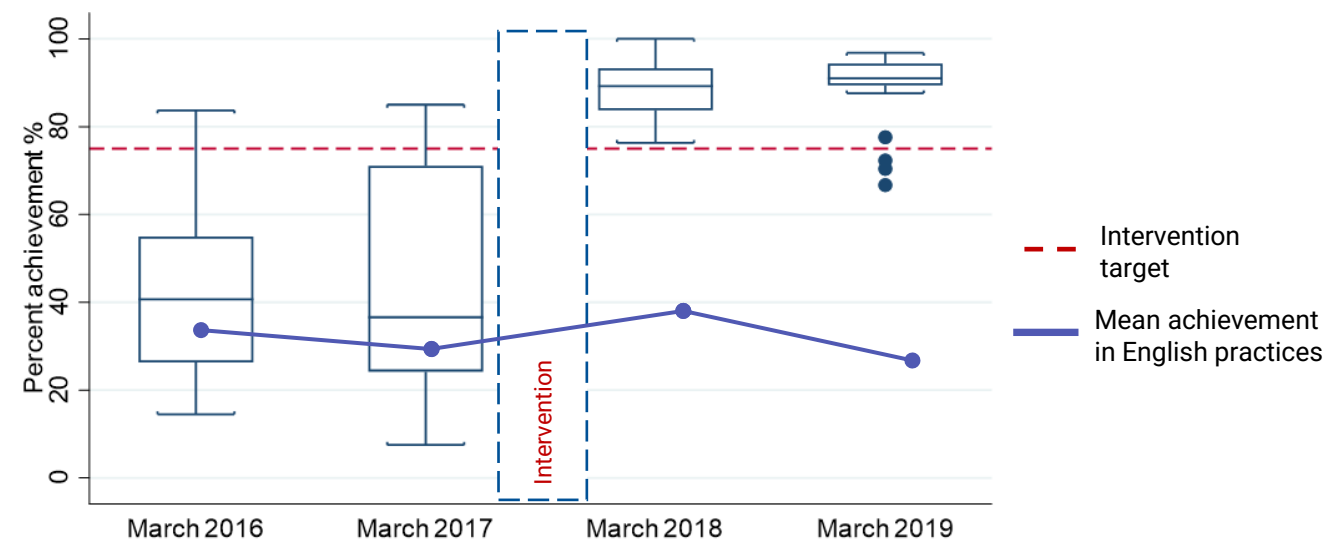
Data Source: National Diabetes Audit 2015/16-2018/19

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Case Study 2: Hypertension Project Lambeth in Black African and Black Caribbean patients

The problem:

London Borough of Lambeth:
- Lambeth is an inner SEL borough with around 322,000 residents
- Deprivation – A quarter of the population of Lambeth live in poverty
- 43% is Black, Asian or Multi-Ethnic
- Black or Black British backgrounds account for 22% of the population

Wide variation in health outcomes across South-East London ICS

BP outcomes have declined since COVID:
- This has exacerbated healthcare inequalities
- Large variation in BP control

Streatham PCN in Lambeth:
- 2 practices with combined 45,000 list: Edith Cavell Surgery and Streatham High Practice
- >3,000 patients with hypertension
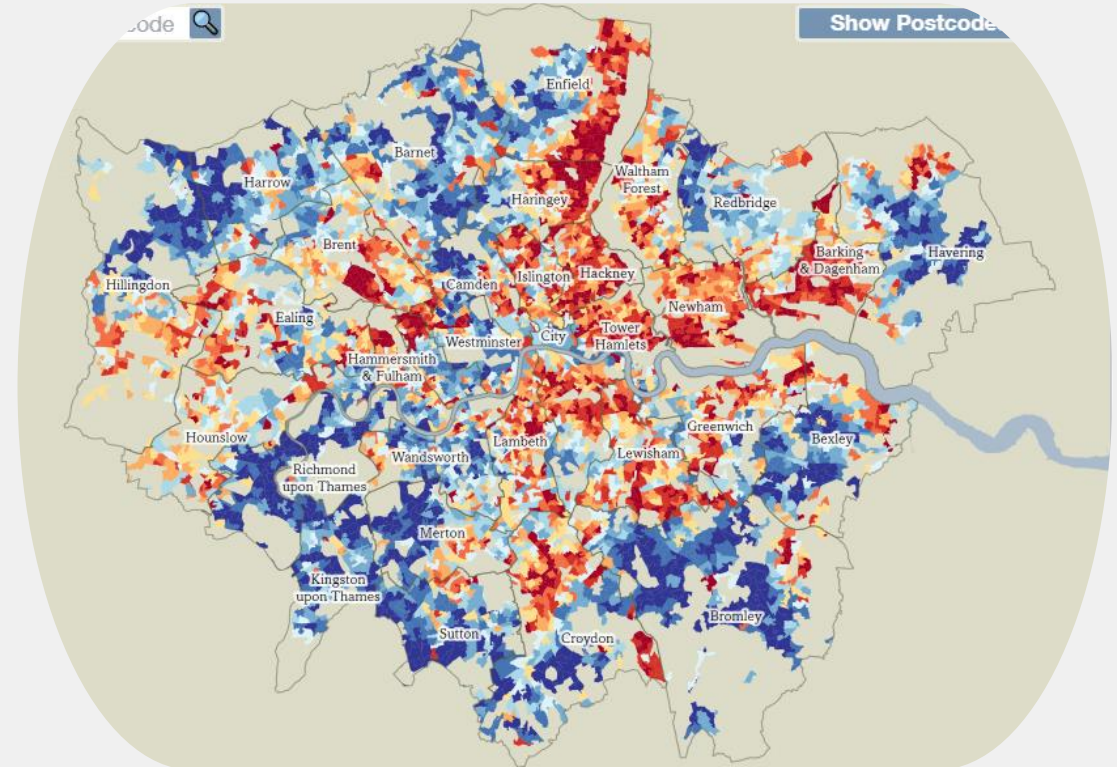
Case Study 2: Hypertension Project Lambeth in Black African and Black Caribbean patients *continued*

Our approach:

Ambition:
To deliver the best hypertension outcomes in South-East London with no additional external funding.

Commitment:
To narrow the inequality gap between black and white patients.

Data-driven:
A dedicated Health Inequalities app developed on our in-house data analytics platform.

EZ Analytics is a population health management (PHM) platform which integrates complex data into user friendly insights covering over 2 million patients
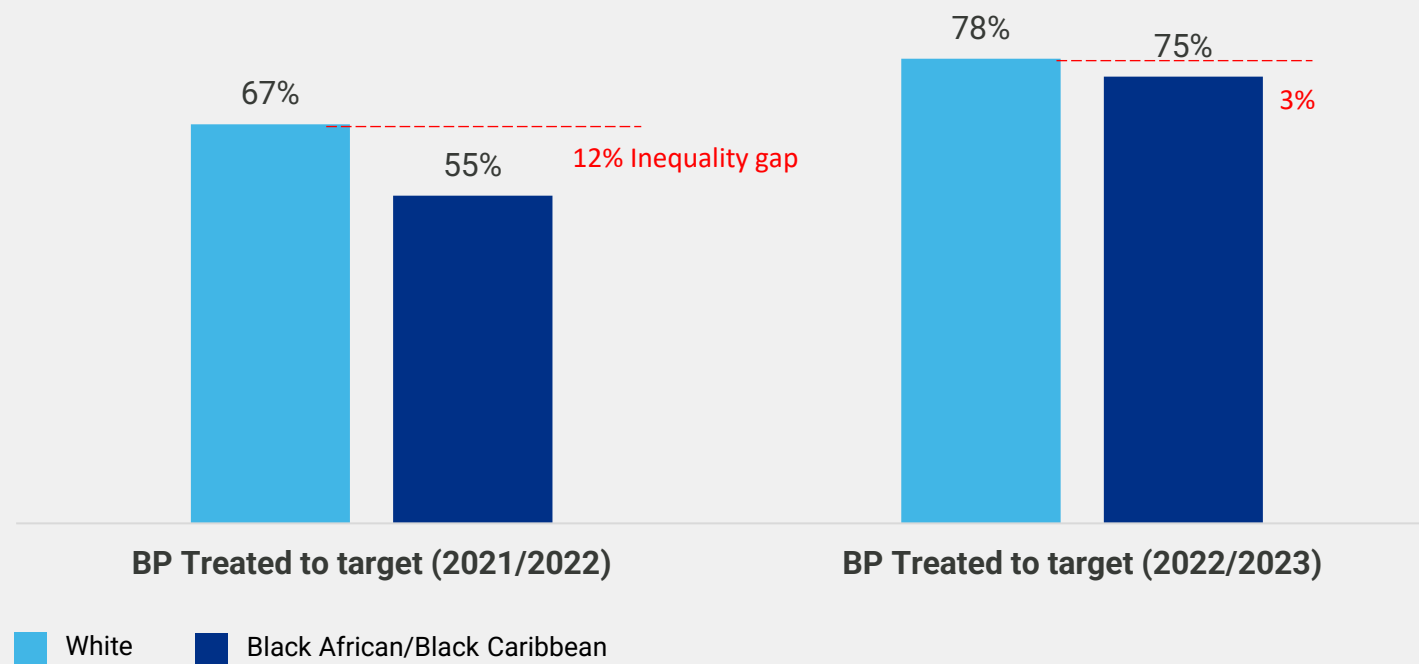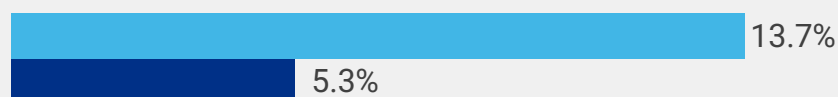
EZ Analytics incorporates thousands of key performance datasets from all clinical systems including EMIS, SystmOne and Vision, as well as a variety of other sources such as QOF, National Diabetes Audit, EPS.

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Case Study 2: Hypertension Project Lambeth in Black African and Black Caribbean patients *continued*

> 3000 patients with hypertension:

Hypertension prevalence

13.7%

5.3%

67%

55%

12% Inequality gap

78%

75%

3%

BP Treated to target (2021/2022)

BP Treated to target (2022/2023)

White

Black African/Black Caribbean

Narrowing the Inequality Gap – Headlines

Despite experiencing significantly higher levels of social deprivation our patients are enjoying **significantly better BP outcomes than in all other SEL boroughs**

In 10 months we have **narrowed the BP control gap** between black ethnic and white ethnic patients from 12% **to 3%**

BP control for black ethnic patients within our PCN **is 21% higher than the Lambeth average** and 19% higher than next best Lambeth PCN

Published on NHS England Website:
https://www.england.nhs.uk/about/equality/equality-hub/case-studies/how-lambeth-is-closing-the-health-inequality-gap-for-black-and-minority-ethnic-patients-with-high-blood-pressure/

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Case Study 3: Polypharmacy and AI

MDPI

Project Overview:

The future of preventative healthcare will involve **using artificial intelligence (AI) and big data analytics to identify at-risk patients**.

This project aimed to test this hypothesis through a polypharmacy case study, seeking to **improve patient outcomes** with proactive, structured medication reviews.

60-70%

of serious adverse drug reactions (ADRs) are preventable but are often inadvertently overlooked

Key Findings:

AI improved patient outcomes by **preemptively identifying high drug burdens.**

AI efficiently self-identified high-risk patient clusters using **real-world data**.

Integrating AI expedited **the identification of at-risk groups** compared to manual methods.

This AI-driven approach **reduced labor intensity**, enabling more time for high-risk patient support.

Next Steps:

The next stage of AI integration with EZ Analytics aims to **identify high-risk patients for multiple long-term conditions**, focusing on early intervention and better patient outcomes.

Shirazibeheshti, A.; Ettefaghian, A.; Khanizadeh, F.; Wilson, G.; Radwan, T.; Luca, C. Automated Detection of Patients at High Risk of Polypharmacy including Anticholinergic and Sedative Medications. Int. J. Environ. Res. Public Health **2023**, *20, 6178. https://doi.org/10.3390/ijerph20126178*

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Case Study 4: CGH GMS Partnership Merger

Q1 2020
(42,000 Patients)

We were approached by CGH Partners, a 'super-practice' exploring options. Partners experienced challenges resulting from recent merger of 3 practices including estates, workforce and clinical/governance (42,000 patients).

Q2 2020

Signed **Heads of Terms** and commenced Due Diligence process. We identified solutions to provide support in all areas.

Q4 2020

Completed merger

Q1/Q2 2021

Initiated integration programme to **leverage our technology / tools and processes** and **CQC improvement plan.** Built and enhanced local relationships

Q3 2021

Invited by CCG to bid for **Beggarwood practice merger** (8,000 patients), a neighbouring practice via a closed competition (only local providers).

Q4 2021
(50K Patients)

Won Beggarwood ITT (8K list size)

Submission of **vasectomy** business case to increase access to services. Subcontracting with local Trust

CQC rating upgraded from 'Requires Improvement' to 'Good'

2022 - 2023

Ongoing **transformation and adoption of technology,** including roll out of **Dr. iQ** to drive further organic growth and margin improvements, leveraging scale and density.

Vasectomy contract start (April)

CQC Report
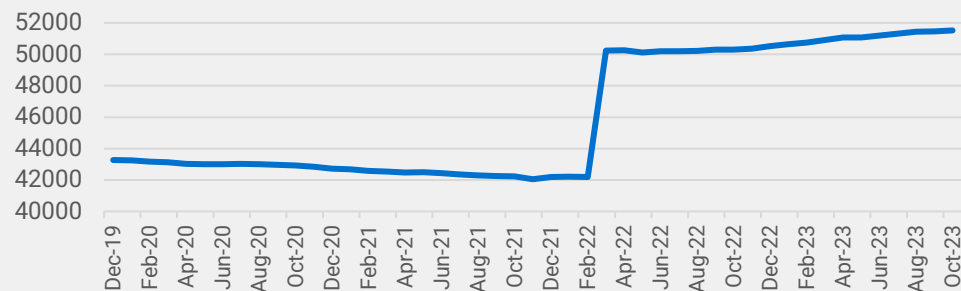
Overall **Good**		Safe	Good ●
		Effective	Good ●
		Caring	Good ●
Read overall summary		Responsive	Good ●
		Well-led	Good ●

Practice locations and list size

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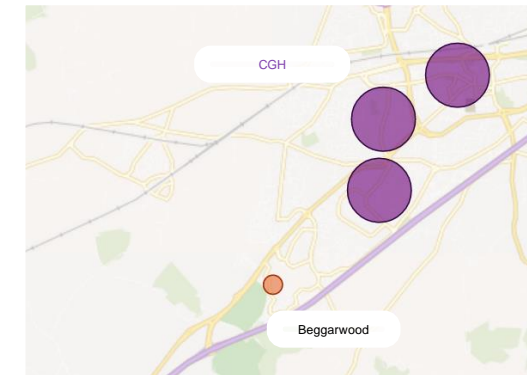
Case Study 4: Improving Quality, Patient Sentiment while driving local growth

CGH Patient List Size Analysis

Pre-merger, Dec 20-21

List size, 42,730, in <u>slow decline</u>

Merger Year 2, Dec 22-23

Expansion to 4th site, adding 8,000 to patient list

Monthly list enters slow growth, average 22 per month

Merger Year 3, YTD

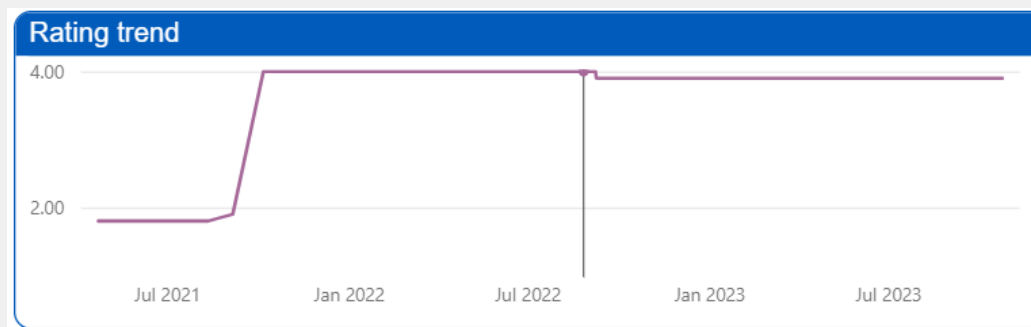Acceleration of list growth, average 100 per month (2.5%)

CQC Rating

Overall inspection - Good
Updated 12 November 2021
Before Operose Health management:
March 2019 - Practice rated 'Requires Improvement'

Google Reviews
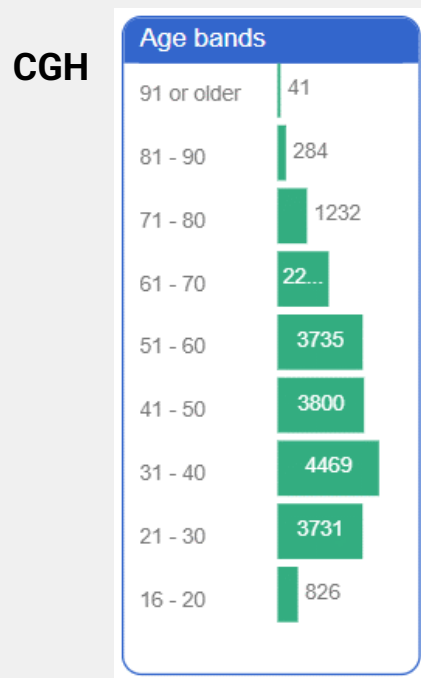

3.9 ★★★★☆ 1,021 Google reviews

Year	Average * Rating
2023	3.91
2022	3.07
2021	4.36
2020	1.95 (Pre-merger)

'Appointment was on time , the nurse was friendly , helpful and professional and it was all done without fuss'

★★★★★

* In Q2 2022 lost several salaried GPs (Post-Covid). Recovery plan was initiated in Q3 2022 (tight controls around temporary staffing and a restructuring of the administrative and operational teams).
 **YTD M9 actual plus forecast run-rate. In 2023 YTD, despite Beggarwood premium reduction we have managed to increase profitability

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Case Study 4: Digital Transformation

Best practice site for older user adoption:

CGH

Age bands	
91 or older	41
81 - 90	284
71 - 80	1232
61 - 70	22...
51 - 60	3735
41 - 50	3800
31 - 40	4469
21 - 30	3731
16 - 20	826

London

Age bands	
91 or older	227
81 - 90	1287
71 - 80	4440
61 - 70	11478
51 - 60	23474
41 - 50	381...
31 - 40	83676
21 - 30	107742
16 - 20	11178

High total adoption despite older population:

CGH - 39.5%

London - 60.7%
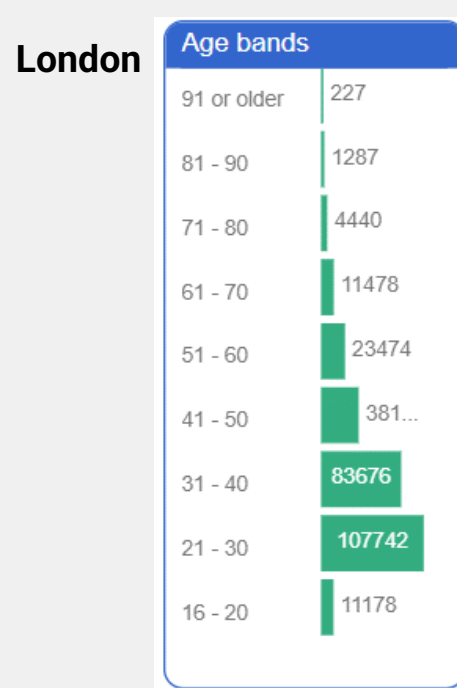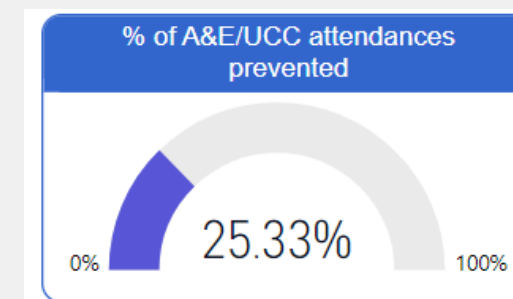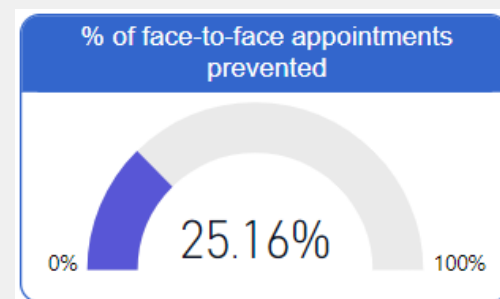
Dr. iQ user rating

CGH: 4.5/5 ⭐

Transforming care for a high need population:

Older CGH demographic – chronic and complex health needs

Despite this, >25% reduction in face-to-face appointments.

>25% reduction in A&E and urgent care attendance

% of face-to-face appointments prevented

0%   25.16%   100%

% of A&E/UCC attendances prevented

0%   25.33%   100%

With leading rates for cases close via an online consultation:

CGH – 61.94%

London – 57.49%

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